Rocky Flats Environmental Technology Site

P.O. Box 464

Golden, Colorado 80402-0464 (303) 966-7000

CORRES. CONTROL LTR. NO.

August 19, 1999

99-RF-03239

99-RF-03239 Burdelik, W.J. Crawford, A.C. Cypher, N.P. Dunstan, L.A. Fiehweg, R.E. Guinn, L. Huffman, F.M. Hughes, F.P. Jenkins, K.

Joseph A. Legare Assistant Manager, Environmental Compliance DOE, RFFO **Building 460**

Attn.: J. Stover

ANNUAL DISCHARGE MONITORING REPORT - NPDES PERMIT NO. CO-0001333 - ACC-100-99

Action: Transmit to EPA and CDPHE

The July 1999 Discharge Monitoring Report (DMR), required by the Rocky Flats Plant National Pollutant Discharge Elimination System (NPDES) Permit is attached.

During the month of July 1999, there were no discharges from Ponds A-3 (Outfall 002), A-4 (Outfall 005), B-5 (Outfall 006) or C-2 (Outfall 007). There was continuous discharge from the Sewage Treatment Plant (Outfall STP) and Pond B-3 (Outfall 001) during the reporting period.

It is necessary that the Principal Executive Officer sign and date the letter and the DMR forms. Per verbal request of the EPA, forms for those discharge points which were not active are included with the notation of "No Discharge." Additional monitoring data, as required by the NPDES Federal Facilities Compliance Agreement, is attached on a separate sheet. The NPDES permit requires that the report be postmarked no later than August 28, 1999, and be sent to the following:

U.S. E.P.A., Region VIII (8ENF-PT) 999 - 18th Street, Suite 500 Denver, CO 80202-2405

Attn: Mr. Ricky Archuleta, Jr.

Colorado Department of Public Health and Environment Attention: Mr. Dave Akers, Manager

Water Quality Protection Section WQCD - PWQPS - B2 4300 Cherry Creek Drive South

Denver, CO 80246-1530

Law, E.D. Motyl, K.M. Primrose, A.L.

Rukavina F Wheeler, M.

Corres.Control

RMRS CC CLASSIFICATIO

UNCLASSIFIED CONFIDENTIAL SECRET

Authorized Classifier Signature: DOCUMENT CLASSIFICATION

REVIEW WAIVER PER Exemption # CEX-010-98 Date:

IN REPLY TO RFP CC NO .:

ACTION ITEM STATUS: OPEN CLOSED PARTIAL

LTR APPROVALS:

Orig. & Typist Initials:

RECEIVED RECORDS CENTER

Best Available Copy ADMIN RECCRD

August 19, 1999 ACC-100-99 Page 2

If you have any questions or desire additional information, please contact K. M. Motyl at 303-966-2172.

I certify that, to the best of my knowledge and that of my staff, the information provided in this Annual DMR is complete and accurate.

A. Clegg Crawford

President

Rocky Mountain Remediation Services, L.L.C.

LAD:slm

Original and 1 cc - Joseph A. Legare

Attachments:

As Stated

CC:

J. Hill - Kaiser-Hill - Bldg. 111
R. C. Nininger - Kaiser-Hill - Bldg. T130C
D. A. Ward - SSOC - Bldg. 750

Data presented in this table are report only parameters and have no effluent limitation.

Sewage Treatment Plant Effluent Metals Data

Metal, total	Result, ug/l 07/01/99
Antimony .	0.71 B
Arsenic	1.4 B
Beryllium	< 0.02
Cadmium	<0.08
Copper	3.5
Iron	80.1 B
Lead	< 0.72
Manganese	21.0
Mercury	<0.10
Nickel	1.8 B
Silver	<0.35
Zinc	30.9

B - Absolute value of the analyzed result is less than the Contract Required Detection Limit (CRDL).

Sewage Treatment Plant Effluent Volatile Organic Compound Data

VOC	Result, ug/l <u>07/06/99</u>
Benzene	<10
Bromoform	<10
Carbon Tetrachloride	<10
Chlorobenzene	<10
Chlorodibromomethane	<10
Chloroethane	<10
Chloroform	2 J
Dichlorobromomethane	<10
1,1-Dichloroethane -	<10
1,2-Dichloroethane	<10
1,1-Dichloroethylene	<10
1,2-Dichloropropane	<10
1,3-Dichloropropylene	<10
Ethylbenzene	<10
Methyl bromide	<10
Methyl chloride	<10
Methylene chloride	4 JB
1,1,2,2-Tetrachloroethane	<10
Tetrachloroethylene	<10
Toluene	<10
1,2-Trans-dichloroethylene	<10
1,1,1-Trichloroethane	<10
1,1,2-Trichloroethane	<10
Trichloroethylene	<10
Vinyl chloride	<10

J - Compound found, but below Practical Quantitation Limit (PQL). Quantitation is estimated.

B - Compound found in blank.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f Different) USDOS-ROCKY FLATS PLANT ADDRESS KXXXXXXXXXXX XXXXXXX

XXXXXXXXXXXX

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) PERMIT NUMBER C00001333

STP A

DISCHARGE NUMBER

Form Approved.

DISCHARGE FROM SEMNESS. ZOADSSC4PT F - FINAL

Approval expires 05-31-98

NOTE: Read instructions before

MAJOR Continuous 7/1/99 - 7/31/99 *** *** NO DISCHARGE **YEAR 109** MONITORING PERIOD

X₩

FROM

ASSIST MANAGER FOR COMPLIANCE

ATTN: LOCATION FACILITY

Golden, CO 80403-8200 10808 Hwy 93, Unit A

ALIN: ASSIST MANAGER	FOR	COMPLIANCE	(2021)	(20-21) (22-23) (24-26)) }		NOTE: Boad instance	3044		•	
PARAMETER		1	QUANTITY OR LOADING	9	Card Oakel	28-29) (30-31)	O.C. Need instructions before completing this form.	GOING DOLO	o compi	eting this	orm.
(32-37)	X	75	(54-61)	,	-	UDAN III T OK CONCENTRATION (46-53) (54-	NTRATION (54-61)			FREQUENCY	SAMPLE
	/	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMIM	INITO		ANALYSIS	TYPE
	SAMPLE	*****	*****			*****			(62-63)	(64-68)	(02-59)
:	MEASUREMENT				6.3		7.6			7/7	de 70
ය (ල (PERMIT	*****	* *****	***	079	*****	0	; ;			CD - C
1 68055	V A L U E REQUIREMENT			****	MINIMIN		MAYTMITE	ē		֓֞֝֝֜֜֜֝֝֓֓֓֓֓֜֝֜֜֜֝֓֓֓֓֓֡֜֜֜֓֓֡֓֡֓֜֜֜֡֓֡֓֡֡֡֡֡֡֓֡֓֡֓֡֓	:: 4 2
TOTAL	SAMPLE	*****	*****		*****						
NDED	MEASUREMENT					7.			(1	
00530 1 C C	PERMIT	*****		111				- /Sill	>		comp
EFFLUENT GROSS VALUE	REQUIREMENT		((KKKKK					6	ONPOS
OIL AND GREASE	SAMPLE	*****		2 2 2 2		3UDA AVE	7 DA AVG	H6/L		N FER	
>	M F T H MEASUREMENT		K K K K	•	***	*****	No	(41)			
	1111000			**			Discharge	[/ bm	N / N	N / A	- W / W
Cocco Fra	TEAMILIA TO THE TEAMILIA TO TH	*****	*****	***	*****	*****		- /SIII	Œ		W # H
222	מבקהושכושכא			***			5011 × 2×	1 / J.W.) 	
LOTAL	SAMPLE	*****	*****		*****			101			
(d 5 g)	MEASUREMENT					•	~	76.7	_	,	
D0665 1 0 G	PERMIT	*****	* ***	1			7	/SIII	_ >	//7	comp
EFFLUENT GROSS YALUE	REQUIREMENT									TICE/C	SOMEOS
]	SAMPLE	*****				SOOA AVG	DAILY HX	H6/L		HEEK	
	MEASUREMENT				***	•	,	(61.)			
c c	HIMOJO	POLICE ST. 198. 169. 261. 160.000		. ,	_	- -		l/bn	0	1/7	comp
ENT GROSS VALUE	REGIBERATENT		* ****	***	*****	25	1001	•		EKLIC	COMMO
Constant of the Constant of th				***		300A AVG	DAILY MX	×××) }:
TOURDOT HE TOUR DESTRUCT	SAMPLE			(03)	*****	*****	*****	2/2/			
ことにはころいとこ	PILAN I MEASUREMENT	0.15	0.5	MGD					8 / 18	Contin	
	PERMIT	REPORT	KEVOKI	- Book				•	, Y	1 reord	
GROSS VALUE	REQUIREMENT	300A AVG	7 7	200				K ·	7	LNTIN	CONDE
CHLORINE, TOTAL	SAMPLE	*****	•	2				***		Snon	
	MEASUREMENT	•	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		NKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKK			161			
50066 1 6' 0	PERMIT		N., 180,000, 100, 100, 100, 100, 100, 100,			~ 0.03	0.03	mg/]	N/A	1/7	grab
3	REQUIREMENT			* * *	ekster	REPORT	KEPURT		1		KAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	-	CERTIFY UNDER PENALTY OF I AW THAT	TANT WAY			JULY AYE	f UA AVE	M6/L			Α
Joseph A. Lenska	_	MILIAR WITH THE INFOR	MATION SUBMITTED HEREN;	BMITTED HEREN; AND BASED ON	SED ON			TELEPHONE	ш	DAT	CC-
		OBTAINING THE INFORMATION, I BELIEVE THI TRUE, ACCURATE AND COMPLETE. I AN SIGNIFICANT PENALTIES FOR SIBMITTING AS	I BELIEVE THE SUBMITTED INF.	THE SUBMITTED INFORMATION IS AM AWARE THAT THERE ARE	MON IS						
TYPED OR PRINTED		SSIBILITY OF FINE AND IS 1 1319. (Penables under	MPRISONMENT. SEE 19 1	SEE 18 U.S.C. § 1001 AND 33 MAY INCHUSING		SIGNATURE OF PRINCIPAL EXECUTAGE	303	3 966-7000	7000		-99
COMMENTS AND EXPLANATION OF ANY VIOLATIONS OF	KFFU and or a	and or maximum imprisorment of between 6 m	between 6 months and 6 years.	/warz. j		OFFICER OR AUTHORIZED AGENT	AGENT	NUMBER		VEAR MAC	7
	かき くして プラフト トン	(Reference all arrea	Shimone to the said					_			

IF THERE IS A VISIBLE SHEEN OF CIL AND GREASE REPORTED. A GRAB SAMPLE MUST ALSO BE TAKEN AND REPORTEI COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORTED THEN OIL AND GREASE, 00556, SHOULD BE REPORTED AS NO THIS DMR. IF NO VISIBLE SHEEN WAS DISCHANGE END THE WONTH EPA Form 3320-1 (08-95) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE

600137986921-1144

PERMIT NUMBER XXX XXX XXXX PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f Different) USDOB-ROCKY FLATS PLANT SKK XXXXX ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16)

DISCHARGE DISCHARGE NUMBER STPA

S EBMBSE. 1949-90497 Approval exgine 05-31-98

FROM

Form Approved.

F - FINAL

HA JOR

*** NO DISCHARGE |__| *** Continuous 7/1/99 - 7/31/99

34 31

YEAR MO

DAY 01 To

YEAR MO

FROM

80403-8200

FACILITY Golden, CO

LOCATION

10808 Hwy. 93, Unit A

MONITORING PERIOD

NOTE: Read instructions before completing this form.

FREQUENCY ANALYSIS (64-68) Š. 62-63 ᄶ UNITS MAXIMUM 15461 QUANTITY OR CONCENTRATION AVERAGE (46-53) (26-27) (28-29) (30-31) ***** MINIMIN 14 Cord Only! (38-45) (20-21) (22-23) (24-25) UNITS **QUANTITY OR LOADING** ***** MAXIMUM ****** AVERAGE (3 Card Only) ASSIST MANAGER FOR COMPLIANCE SAMPLE FECAL PARAMETER (32-37) パストレス

TEUST COMPOS visual SAMPLE (02-59) TYPE TYPE grab **GRAB** COMP DATE 2/7 MICE 1/1 2/7 MEEK VEEK DATEY 0 TELEPHONE 7 DA GEO 100ML (41) (13) #/100 į m MG/L **** **** DAILY NX ***** 2 300A GEO 300A AVG ***** 200 ***** **** ***** ***** ***** **** 94) INST MAX NO=0 **** **** 0 YES=1 *** *** ***** **** ***** 0 **** ***** ***** **** **** MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER GROSS VALUE EFFLUENT GROSS VALUE GROSS VALUE BOD, CARBONACEOUS C JIL AND GREASE 15 DAY, 20C COLIFORN, EFFL UENT FFLUENT SENERAL ISUAL 80082 4066

AM FAMILIAN WITH THE INFORMATION SUBMITTED HERBIX, AND BASED ON THE INFORMATION SUBMITTED HERBIX, AND BASED ON THE WIGHT OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR AN INCIDENCE THE SUBMITTED INFORMATION IS TRUE. ACCURE NO COMPLETE. I AMARE THAT THERE AND COMPLETE. I AMARE THAT THERE AND SOMMEDIATION SOMMEDIATION FALSE INFORMATION MICLIDING ENVIRONMENT SEE IN U.S.C. \$ 1001 AND 33 TYPED OR PRINTED

TYPED OR PRINTED

REF 0 and 6 markinum intrinsment of between 6 months and 6 poets.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF THERE IS A VISIBLE SHEEN OF CIL AND GREASE REPORTED. A GRAB SAMPLE MUST ALSO BE TAKEN AND REPORTED ON REPORTED THEN OIL AND GREASE, 00556, SHOULD BE REPORTED AS NO IF NO VISIBLE SHEEN WAS

PTSCHAPCE FOR THE WONTH EPA Form 3320-1 (08-95) Previous editions may be used.

THIS DAR.

000147980921-1144 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

JANETE

YEAR | MO | DAY

303 966-7000

AREA NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

PAGE

SAMPLE Approved expites 05-31-98 (69-70) TYPE DΑΥ grab grab grab grab grab EEKLY GRAB GRAB 6 K A B RAB NOTE: Read instructions before completing this form. OMB No. 2040-0004 DATE Š FREQUENCY EEKLY ANALYSIS Form Approved. EEKLY *** | ---(64-68) EEKLY 1/7 1/7 1/7 1/1 1/7 YEAR Continuous 7/1/99 - 7/31/99 ō. (62-63) N/A N/A N/A 0 0 303 |965-7000 TELEPHONE CODE NUMBER *** NO DISCHARGE CNITS 6 DAILY MX | MG/L H6/L mg/l TO AV NG/L M6/L mg/1 mg/l DAILY HX MG/L mg/1 FROM POND B-DAILY MX DAILY MX MAXIMUM REPORT REPORT 0.08 0.5 F - FINAL (54-61) REPORT 14 Card Only) QUANTITY OR CONCENTRATION **~** SHONATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT × 300A AVG 300A AVG 30DA AVG ***** 300A AVE REPORT AVERAGE REPORT REPORT 7.9 (26-27) (28-29) (30-31) NATIONAL POLLUTANT DISCHARGE ELMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) DISCHARGE NUMBER 4 **Y** YEAR MO 001 MONITORING PERIOD ***** ***** **** **** **** MINIMOM ***** **** **** ***** **** L CERTIFY UNDER PENALTY OF LAWY THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON OBTAINING THE INFORMATION. I BELEVE THE SUBMITTED INFORMATION IS SIGNHEARD ACCURATE AND CONFILET. I AM AWARE THAT THERE AME SIGNHEART PENALTIES FOR SUBMITTING TAKES INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. 9 TOOT AND 33 U.S.C. 8 1319. Prambles under these statistes may include than up to \$10,000 and or maximum imprisonment of between 8 months and 6 years. Mo DAY (20-21) (22-23) (24-25) PERMIT NUMBER UNITS C00001333 *** *** *** *** *** **** **** *** *** **** ***** QUANTITY OR LOADING * ***** ***** ***** **** ***** **** **** **** MAXIMUM 124-611 COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) **** **** **** ***** ***** ***** **** AVERAGE ***** ***** KXXXXQ XXXX (3 Cerd Only) (46-53) ***** ASSIST MANAGER FOR COMPLIANCE. MEASUREMENT MEASUREMENT MEASUREMENT USBOR-ROCKY FLATS PLANT REQUIREMENT WEASUREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT REGUIREMENT SAMPLE SAMPLE SAMPLE PERMIT SAMPLE PERMIT PERMIT SAMPLE PERMIT PERMIT SAMPLE SAMPLE PERMIT PERMIT Environmental Compliance, DOE/ Golden, CO 80403-8200 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 10808 Hwy 93, Unit A GROSS VALUE VALUE GROSS VALUE FFLUENT GROSS VALUE VALUE TYPED OR PRINTED NITRATE 300 CARBONACEOUS \mathbb{C} TOTAL GROSS 68055 PARAMETER Joseph A. Legare OLIDS, TOTAL (20 DEG. (32-37) Î YXXXXXX 200 5-041 ITROGENA HLORINE SUSPENDED OTAL (AS Asst. Mgr. EFFLUENT FFLUENT FFLUENT SPFLUSNI ESIDUAL ATTN: 30319 LOCATION 0530 0.6290 0900 FACILITY VAME

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (fDifferent)

KXXXXXXXX PERMITTEE NAME/ADDRESS (Include Facility Name/Location t/Different) USBOE-ROCKY FLATS PLANT ADDRESS FX XXXXXXXXXXXXXX XXXXXXXXX NAME

NATIONAL POLLUTANT DISCHARGE ELMINATION SYSTEM (NYDES)
DISCHARGE MONITORING REPORT (DAR)
(2-16) 200 C00001333

Approved expices 05-31-98 P D. WINB Mer. 3040-0004 Form Approved. FR03 DISCHARGE

F - FINAL

MAJOR

GA SÁSIX

ဥ

YEAR MO DAY

FROM

MONITORING PERIOD

PERMIT NUMBER

DISCHARGE NUMBER **

ASSIST MANAGER FOR COMPLIANCE

Golden, CO 80403-8200 10808 Hwy 93, Unit A

LOCATION

FACILITY

NOTE: Read instructions before completing this form. FREQUENCY ANALYSIS (89-49) *** *** NO DISCHARGE IXXXI 62-63) 2 끘 UNITS MAXIMUM (4 Card Only) QUANTITY OR CONCENTRATION (38-46) AVERAGE (46-53) (26-27) (28-29) (30-31) MINIMOM (20-21) (22-23) (24-25) STINO QUANTITY OR LOADING MAXIMUM AVERAGE (3 Cerd Only) (46-53) PARAMETER (32-37)ATIM:

DATEY ENSTAN SAMPLE (69-70) TYPE XAB DAILY GRAB (21) 19) 7/9K **** *** 25 * ***** DAILY MX **** MAXIMUM 30DA AVG *** ***** *** ***** ***** ***** RINING ***** ***** 03) *** 水水水土 *** *** DAILY HX MGD ***** ***** ***** ***** REPORT 3CDA AVG **** ***** ***** ***** REPORT MEASUREMENT HRU TREATHENT PLANT MEASUREMENT MEASUREMENT REQUIREMENT REQUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE SAMPLE PERMIT PERMIT PERMIT PERMIT FFLUENT GROSS VALUE GROSS VALUE GROSS VALUE LOH. IN CONDUIT OR NITRATE C 2 ITRUGEN. OTAL CAS FPLUENT FFLUENT 0630 0000 0620 Ŧ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NO CHANGE FROM REQUIRENENTS PRIOR TO FFCA

NO DISCHARGE OF 36 SAMPLING FOR NITRATES IS ALLOWED. SHALL THERE PERMIT. 8 OF THE COMPOSITE - SEE PAGE THAN TRACE AMOUNTS.

EPA Form 3320-1 (08-95) Previous editions may be used.

FEOATING SOLIDS OTHER

2217778557779600 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

1 OF

JANETE PAGE

DAY

Ş

YEAR

303 1966-7000

AREA NUMBER

DATE

TELEPHONE

.,,,

×.,

¥ 3.

-

MEASUREMENT

SAMPLE

REQUIREMENT

PERMIT

REQUIREMENT

PERMIT

MEASUREMENT

SAMPLE

MEASUREMENT

SAMPLE

REQUIREMENT

PERMIT

INSTAN YEAR MO DAY SAMPLE Approval (A) (198 (02-59) KAN NOTE: Read instructions before completing this form. DATE Form Approved. OMB No. 2040-0004 NO. FREQUENCY HUNCH PERMI ANALYSIS (64-68) *** RCE/ ij *** NO DISCHARGE IXXXI (62-63) 303,966-7000 TELEPHONE AREA NUMBER MONTH 28) 84) UNITS DAILY MX UG/L I AYS/ **** * * * **** REPORT **** MAXIMUM MO MAX F - FINAL POND A-4 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 14 Card Only) QUANTITY OR CONCENTRATION HAJOR. **** **** **** **** ***** ***** AVERAGE YEAS NOS DAY (26-27) (28-29) (30-31) DISCHARGE NUMBER NATIONAL POLLUTANT DISCHARGE ELMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (10.18)
(2-16) 965 MONITORING PERIOD ***** **** **** **** ***** ***** MINIMOM ဥ AME/TITLE PRINCIPAL EXECUTIVE OFFICER

A FAMILIAR WITH THE INFORMATION SHARITED HERBEIT AND BASED ON MY INQUIRY OF THOSE INMADIATELY RESPONSIBLE FOR 1855. Mgr.

ASSt. Mgr.

ENVIRONMENTAL INCOMMENTATION INCOMMENTION INCOMMENTION INCOMMENTION INCOMMENTION INCOMMENTION INCOMMENTION INCOMMENTION INCOMMENTION INCOMMENT THERE ARE FINAL THERE ARE FINAL THE PROBLEMENT OF THE ADDITIONAL INCLINING FALSE INFORMATION, INCLINING THE POST SHAMING THE POST SHA YEAS NO DAY (20-21) (22-23) (24-25) PERMIT NUMBER 03) UNITS *** C00001 533 *** 09K **** **** 水大水水 水水水水水 QUANTITY OR LOADING DAILY MX ***** ***** MAXIMUM REPORT COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all ettachments here) FROM ***** **** **** ***** ***** ***** AVERAGE KXXXXXXXX (3 Card Only) (46-53) ASSIST MANAGER FOR COMPLIANCE PERMITTEE NAME/ADDRESS (Include Facility Name/Location If Different) MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REGUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT EFFLUENT SROSS VALUE REQUIREMENT MEASUREMENT FFEUENT GROSS VALUE REQUIREMENT MEASUREMENT Y A L U E REQUIREMENT REQUIREMENT USDOE-ROCKY FLATS PLANT PERMIT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE PERMIT PERMIT PERMIT PERMIT PERMIT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 10808 Hwy 93, Unit A Golden, CO 80403-8200 ADDRESS FX X/X X/X XXX X X/X X/X X X 101 A I 68055 PARAMETER CB) (32-37)WXXXXXX JURATION OF 54) CHRONICAN. DISCHARGE -LOW AAT EFFLUENT 31381 ATTN: 00655 01034 LOCATION FACILITY

JANETE

NSTAN Approved () (1-31-98 SAMPLE DA≺ TYPE 169-701 8 X X NOTE: Read instructions before completing this form. OMB No. 2040-0004 DATE Š KONTH FREQUENCY (NCE) PERMI ANALYSIS Form Approved. 1711 (84-68) *** YEAR ij *** NO DISCHARGE KXXI (62-63) Š. 꼾 303 | 966-7000 TELEPHONE NUMBER MONTH CNITS BZ L 84 **** BAILY MX UG/L LAYS/ **** AREA COOP *** ***** MAXIMUM REPORT - FINAL MO MAX (54-61) (4 Card Only). QUANTITY OR CONCENTRATION (38-45) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT MAJOR DONO u. ***** ***** ***** **** ***** AVERAGE (26-27) (28-29) (30-31) DISCHARGE NUMBER NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DAIR) 1 60 60 MEX 006 A MONITORING PERIOD ***** ***** ***** **** MINIMON ***** **** VEAR NO PAY TO LERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREN, AND BASED ON MY INCLINEY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR METALE THE SUBMITTED INFORMATION IS SIGNIFICANT FENALTIES FOR SUBMITTING FALSE INFORMATION IS SIGNIFICANT FENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT, SEE 18 U.S.C. \$ 1001 AND 33 R.E.C. \$ 1318. Prevables under these statistes may holded fine up to \$10,000 R.E.F. \$ 1318. Prevables under these statistes may holded fine up to \$10,000 R.E.F. \$ 1000 AND 33 R.E.F. \$ 1000 AND 30 R.E 20-21) (22-23) (24-26) PERMIT NUMBER UNITS 03) **COUUNT 333** *** **** DAILY HX MGD *** **** **** QUANTITY OR LOADING * ***** ***** ***** MAXIMUM REPORT COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) FROM **** **** **** ***** ***** ***** AVERAGE XXXXXXXXXX (3 Card Only) ASSIST HANAGER FOR COMPLIANCE PERMITTEE NAME/ADDRESS (Include Facility Name/Location (ID)(forms) MEASUREMENT MEASUREMENT MEASUREMENT EFFLUENT GROSS VALUE REQUIREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT USDOE-ROCKY FLATS PLANT REQUIREMENT REGUIREMENT MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE PERMIT SAMPLE PERMIT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE PERMIT PERMIT PERMIT PERMIT PERMIT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Golden, CO 80403-8200 10808 Hwy 93, Unit A Joseph A. Legare Asst. Mgr. Environmental Compliance. GROSS VALUE GROSS VALUE TYPED OR PRINTED ADDRESS KXXXXXXXXXXXXX TOTAL PARAMETER 8 ZXXXXXXX **JURATION OF** (AS HROHIUM KATE DISCHARGE EFFLUENT EFFLUENT 31331 00056 ATTNE 01034 LOCATION FACILITY MOT:

EPA Form 3320-1 (08-95) Previous editions may be used

JANETE

PAGE

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

40

SAMPLE DAY Approve expires 05-31-98 (02-59) ₹ RAB KAR NOTE: Read instructions before completing this form. OMB No. 2040-0004 <u>0</u> DATE FREQUENCY HONTH PERMI ANALYSIS Form Approved. (84-68) *** MCE/ DATEY YEAR ö *** NO DISCHARGE KXXX Š (62-63) ĸ 303,966-7000 TELEPHONE NUMBER HUNTH UNITS **687** 1/90 **** REPORT LAYS/ ** AREA DAILY HX **** ***** MAXIMUM - FINAL TO EXX POND C-2 (4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-6) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT MAJOR ***** **** **** ***** ***** ***** AVERAGE (26-27) (28-29) (30-31) NATIONAL POLLUTANT DISCHARGE ELMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (12.1%)
17.1% DISCHARGE NUMBER YEAR NOS DAY 00/ MONITORING PERIOD **** ***** **** **** ***** MINIMIN ***** 2 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND MAY FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON GOTANING THE INFORMATION, I BELEVE THE SUBMITTED INFORMATION IS SUBMITTED INFORMATION IS SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION IS SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLIDING THE POSSIBILITY OF FINE AND INFORMATION, INCLIDING THE POSSIBILITY OF FINE AND INFORMATION, INCLIDING USC. 5:1319. (Parables under these statices may factor fines up to \$10,000 (20-21) (22-23) (24-25) PERMIT NUMBER 03) UNITS C00001333 *** *** MCD **** **** **** QUANTITY OR LOADING DAILY AX ***** ***** MAXIMUM REPORT COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) FROM ***** ***** ***** **** ***** ***** AVERAGE XXXXXXXXXXX (3 Card Only) (46-53) ASSIST MANAGER FOR COMPLIANCE RE Consormerin PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f Different) MEASUREMENT MEASUREMENT MEASUREMENT MEASUREMENT REQUIREMENT EFFLUENT GROSS VALUE REQUIREMENT MEASUREMENT MEASUREMENT GROSS VALUE REQUIREMENT REQUIREMENT REQUIREMENT MEASUREMENT USBOE-ROCKY FLATS PLANT REQUIREMENT REQUIREMENT SAMPLE SAMPLE SAMPLE PERMIT SAMPLE SAMPLE PERMIT PERMIT Asst. Mgr. Č Environmental Compliance, DOF NAME/TITLE PRINCIPAL EXECUTIVE OFFICER FACILITY Golden, CO 80403-8200 10808 Hwy 93, Unit A GROSS VALUE TYPED OR PRINTED ADDRESS KXXXXXXXXXXXXXX TOTAL Joseph A. Legare PARAMETER (25) *XXXXXX u. (AS CHROMIUM DISCHARGE DURATION PFFLUENT 173 EFFLUENT ATTNE 31361 00000 01034 LOCATION #07₌